

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/831812  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	X					
2	X					
3	X					
4	X					
5		I				
6		I				
7		I				
8		I				
9		I				
10		I				
11		I				
12		I				
13		X				
14		X				
15		I				
16		I				
17		I				
18		I				
19	I					
20		I				
21		I				
22	I					
23		I				
24	I					
25	I	I				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.		16				
TOTAL CLAIMS	19					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS